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HURDLES BAR PATH TO CONTINUING MEDICAL PRACTICE FOR REFUGEE PHYSICIANS

When the Khmer Rouge entered Phnom Penh in 1975, Sokhom Chan, M.D., was working in that city's largest hospital. He recalls that the Khmer Rouge forced the sick and injured, as well as the hospital staff, out of the hospital and onto the forced march into the countryside.

One of Chan's best friends, a surgeon, worked until the last moment trying to make wounded people as ambulatory as possible. As soon as the hospital was cleared out, Chan recalls, his friend was killed.

For the next several years Chan hid his identity. He discarded his diploma and any other documents linking himself to his past life. "If I had been caught with my diploma, I would have been executed."

"I looked like a walking skeleton," he said, "carrying a plow on my shoulder from 3 AM to 9 PM every day."

"I lost my parents, two of my children, and eight other family members," he said.

After the Vietnamese invasion of Cambodia, Chan returned to working as a physician, but came to see that he was under constant surveillance. One day he was told that a Heng Samrin soldier wanted him; he left for the Thai border that very night. After the journey to Thailand, he worked in the hospital in the Khao I Dang refugee camp.

Today, seven years after arriving in the United States, Sokhom Chan is working as a social worker with Cambodian refugees in New York. Although he passed the ECFMG exam in 1982--the exam required for foreign medical graduates (FMGs) seeking to enter U.S. residency and fellowship programs--Chan has not been able to resume work in the area of his training. He has been unable to find a hospital residency program willing to take him. "They wanted American medical school graduates as residents or physicians from English-speaking countries like India," he said.

Mohammad K. Waziri, M.D., had been the director general of Afghanistan's National Medical Laboratories until the Soviet invasion in 1979. After the invasion, "I was replaced by a communist," he said.

Under pressures to revive a faltering health

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system, however, Waziri was brought back from "retirement" to teach at the Faculty of Medicine in Kabul. But he quickly learned that many professors had been dismissed, and that some had been killed or arrested. Then, he too was arrested and subjected to 72 hours of interrogation.

Waziri was accused of being a CIA agent because as the director of the National Laboratories he had advocated placing Peace Corps volunteers in each of the country's 165 laboratories--actually 200-to-300 bed hospitals providing basic health services, especially in the provinces.

Waziri took the opportunity of the pilgrimage to Mecca to make his escape. He spent the next five years in Kuwait, separated from his family, but able to work in the area of his specialization, medical microbiology. During that time he tried repeatedly, but unsuccessfully, to be accepted into the U.S. overseas refugee processing program, despite the fact that some of his family, including his children, were U.S. residents. Finally, after years of mixed signals from the U.S. authorities, he came to the United States on a tourist visa.

For the past two years, Waziri has not been authorized to work at all while his asylum application has been pending. Lawyers fees have eaten away his savings and he has lived with the frustration of watching his son work for 70 hours a week to support the whole family.

Waziri not only experienced a precipitous loss of status, but imposed inactivity as well. He told Refugee Reports, "I am ashamed when I look at myself. My own people made me a doctor, and yet I can't serve my people."

Waziri has decided to leave the United States and go to Pakistan. "I will feel better if I can help my people," he said. Once again, he will be separated from his family.

Recertification Represents a Major Obstacle Refugee doctors face a variety of obstacles to returning to their professions. Some, such as Waziri, face problems not directly related to professional recertification. Others, such as Chan, can trace their difficulties very specifically to problems in obtaining professional training and recertification.

The United States has become increasingly restrictive with regard to allowing any FMGs to practice. Part of the reason is that there are simply fewer available residency places available for the pool of physicians who would like to train and practice in the United States.

In 1976, 15,496 FMGs represented 25.6 percent of residents admitted to accredited residency programs in the United States. The percentage of the total, as well as the actual number of FMGs admitted to residencies, has been declining steadily throughout the decade. In 1986, the percentage of FMGs in U.S. residencies had declined to 16 percent, and the actual number of residents to 12,300.

But this statistic only tells part of the story. FMGs increasingly are Americans who study abroad. In fact, nearly half of FMGs now admitted to residency programs are native-born Americans or naturalized citizens.

Many believe that this more competitive environment has resulted in the qualifying exams themselves becoming more difficult in recent years. "Those who came in 1975 are lucky," said Siphath Chrea, M.D., a Cambodian refugee. "New people coming in now don't have a chance."

Nasy Ong Kho, M.D., another Cambodian refugee, said that the ECFMG exam was a one-day test with 420 questions three years ago, but today is a two-day test with 820 questions.

"It is very hard, very detailed," she said. "It is a good test for people fresh out of medical school, but I had left school twenty years ago."

The ECFMG, now called the FMGEMS, also tests English comprehension. "More people pass the medical part than the English part," said Chrea.

ECFMG Defends Method of Testing Because the FMGEMS represent such a major hurdle for refugee physicians, they are frequently challenged as being unduly difficult.

They are seen in a different light by Ray L. Casterline, M.D., ECFMG vice president and chief executive officer. "Even though we are open to refugees," he told Refugee Reports, "we still are more concerned with providing the nation with capable health care in a safe fashion."

Casterline said that three years ago, it was indeed a one-day exam, but that it

SANTA ROSA PROGRAM ENCOURAGES REFUGEE NURSES

Ching Kouch started her career in a Cambodian refugee camp in Thailand, translating for doctors and assisting in the wards of a makeshift hospital. When she came to the United States in 1981, she helped other new arrivals make medical appointments and accompanied them on their visits. On January 23, she graduated from the vocational nursing program at Santa Rosa Community College, and in April, Ching will travel to Sacramento with her 23 classmates to take an all-day state board examination for her nursing license.

"Sure, I'll be nervous," Ching said, "but I feel confident." She should feel confident. After all, for the last 18 months she has carried a full course load at nursing school, supplemented by four hours of vocational English every week, while working two hours a day for the local public health department. And, of course, after school, there was "lots to study at home."

Eight of Ching's graduating classmates at Santa Rosa were refugees or immigrants from Laos, Vietnam, El Salvador, and the Philippines. In response to a growing need in Sonoma County for nurses with bilingual skills, the nursing department and the vocational studies program at Santa Rosa Community College got together and came up with a plan. Their idea was to put together a year-long program of vocational English for health careers, designed to help people with limited English proficiency to meet the prerequisites for the certificate program in vocational nursing.

The requirements include an academic course in food and nutrition, a nursing assistant certificate (CNA) and/or previous patient care experience, a math test, a language test, and an interview with the nursing department staff. Lila McDermott, an instructor in vocational English as a second language (VESL), started out with 12 people in her class, 8 of whom finished both the preparatory program and nursing school. The attrition rate, she said, was comparable to that for the general nursing student population.

During the first year of preparation, and on through the 18 months of nursing school, "language proficiency got constant attention," said McDermott, including "reading, test-taking, asking for clarification, giving feedback, communicating with patients, and communicating with co-workers." Outside of their supplemental language classes, which continued twice a week, the group followed the normal course of study in the nursing program. "Everything was done with American peers," said McDermott.

"It was frightening at the beginning," said Nina Ngao, a 23-year-old refugee from Vietnam. "I started from scratch and there was so much pressure, but Lila was helpful, helping us with the language." According to McDermott, the group's oral skills, such as talking to patients, were "not a problem," but tasks like filling out patient charts and taking reports were more difficult at first.

Another challenge, McDermott said, was the financial strain of full-time study. Small scholarships were provided to five of the students to cover the cost of uniforms, books, and the fee for the state board exam. Some worked at part-time jobs, and a few were on welfare.

The strengths of her students were many, according to McDermott. "Attendance was wonderful," she said, "patient care skills were outstanding, and they all showed a willingness to work very, very hard." The most rewarding part of the program for Nina Ngao was "talking to the patients and working with them. Some told me that I had given them the best care since they came to the hospital." She became interested in nursing because it is a "real professional job, you can go anywhere, and there is a big need for us in Sonoma County."

Many in the group have had commitments of employment, McDermott said, contingent on their passing the state boards in April, which would make them licensed vocational nurses, sometimes known in other states as licensed practical nurses. She hopes they will all pass on their first try. "We are confident we will," said Ngao, "and very excited."

was expanded to two days in order to have "more precise evaluation of applicants."

Some FMGs have charged that the test questions on the FMGEMS are more difficult than the ones on the national boards that American medical school graduates take. Dr. Jairo Casas, president of the Hispanic Doctors Association, for example, insisted in an interview with Refugee Reports that a different pool of questions is used.

But Casterline said that the test questions are drawn from the national board banks and that all FMGEMS questions have been used on at least one national board exam. Each question is calibrated according to its level of difficulty, said Casterline, and the FMGEMS "follows the precise blueprint for the national board exam, identical in content and in the percentage of difficult, average, and easy questions."

Casterline also said that the FMGEMS is half the length of the national boards--a four-day exam. Because the FMGEMS is administered throughout the world, he said, a four-day exam would double the security risk.

The 30 percent first-time pass rate for the FMGEMS has not differed from when it was a one-day exam, according to Casterline. He said that American medical school graduates pass the clinical portion of the national boards at a rate "well above 90 percent, and the basic sciences at well above 80 percent." Accounting for the discrepancy in performance, Casterline said that the questions follow the standardized curriculum in U.S. medical schools. He added, "From our point of view, medical education in the United States is the best in the world. The exam is built out of the U.S. medical system."

Casterline said that the fundamental purpose of the FMGEMS is to evaluate FMGs' medical proficiency in the English language to determine "if they are near enough to American graduates to allow them to enter training programs in U.S. hospitals, keeping in mind the safety of U.S. patients."

The FMGEMS English comprehension test is a modification of the TOEFL exam (test of English as a foreign language), Casterline said. "It is a very easy test if one understands English."

Residency Programs Less Interested in FMGs

After passing the FMGEMS, the next hurdle is to be accepted into a residency program. Many, such as Chan, the survivor of the Cambodian holocaust mentioned at the beginning of this story, find the doors to residency programs barred.

"It is very difficult for foreign graduates to get into training programs," said Dr. Casas of the Hispanic Doctors Association. "Many well-qualified specialists are driving taxis, some are on welfare," he said. "It is a real social problem."

Boris Skurkovich, M.D., a refugee physician from the Soviet Union who is currently a fellow in pediatric infectious diseases at Boston City Hospital, said, "When I started my residency in 1982, 8 or 9 of the 12 interns in my program were foreigners. Today, that same program doesn't have a single foreigner."

Skurkovich said that residency programs with high numbers of FMGs tend not to be rated as high as those with American graduates. Consequently, it has become much more difficult for FMGs to gain the clinical residency training necessary for practicing medicine in the United States.

Licensing Often Requires Unavailable Med School Documents from Refugee MDs

Although licensing for American medical school graduates is generally a straightforward affair, in which state licensing boards endorse certification by the National Board of Medical Examiners, FMGs face a host of additional conditions for licensure, depending on each particular state's licensing requirements. Generally, FMGs are required to show that they graduated from a school listed in the World Directory of Medical Schools, and are required to perform residency training in the United States. Then, FMGs must complete the next examination hurdle, the FLEX exam, a standardized federal licensing examination. In order to take the FLEX (or, sometimes, after the FLEX, but before a license will be issued), some states require applicants to produce a medical school diploma and/or transcript--often an impossibility for refugee physicians.

Skurkovich said that the licensing requirements in Massachusetts included a letter from the dean of his medical school in Moscow. "There is no way a refugee from the USSR could get a letter like that from his dean," he said.

Skurkovich, unable to provide a letter from the dean or a certified transcript from his medical school, had to engage the assistance of an attorney before a license was finally issued. "The bureaucracy in Massachusetts is just like in the Soviet Union," he remarked.

Unlike the Federation of State Medical Boards, which administers the FLEX, the Educational Commission for Foreign Medical Graduates (ECFMG), which administers the FMGEMS, has recognized that many refugee physicians cannot obtain transcripts, diplomas, licenses, and other documents from their home countries. In almost all cases documentation is required, but ECFMG officials have found that refugees from certain countries, such as the Soviet Union and the nations of Southeast Asia, often cannot obtain documents. In such cases, if three licensed physicians in the United States can submit sworn affidavits that the person is a graduate of a recognized medical school in his home country, the person is then permitted to take the FMGEMS. But that hardly matters, if the refugee physician's path is blocked at the state level.

Vietnamese Boat Refugee Physicians in California Denied Licenses In California, Vietnamese boat refugees who studied medicine after the 1975 fall of Saigon have been barred from receiving licenses, even after passing the FMGEMS, training in residency programs, and passing the FLEX.

Le Bup Thi Dao, M.D., who escaped from Vietnam by boat in 1978, passed the ECFMG in 1981, was permitted to take the written portion of the FLEX in 1982, which she passed, and then completed an internship and residency at the University of California Irvine Medical Center in 1984. In January 1986, she passed the oral portion of the FLEX on her first attempt. She was informed by California's Board of Medical Quality Assurance (BMQA) that all that remained to receive her license was a recent photograph and $200, both of which she promptly supplied.

However, in May 1986 she was informed that all processing of post-1975 Vietnamese medical graduates had been suspended. The BMQA said that it "cannot verify the operation, administration, or quality of medical schools in Vietnam after the fall of the Saigon government in the spring of 1975" and introduced a requirement to produce "official documentation and information which is verifiable...[such as] transcripts, diplomas, mark books and reports of clinical training, which are in sufficient detail to show that each of the specific requirements of...the Business and Professions Code have been met."

Dao was subsequently forced to refuse a job offer at Orange County Children's Hospital. She currently is working as a part-time research assistant in the Irvine Medical Center's Southeast Asian genetics program.

The American Medical Association (AMA) previously had accepted a Vietnamese faculty council-in-exile which had been authorized to verify the qualifications of pre-1975 Vietnamese medical school graduates. The Vietnamese-American Physicians Association proposed setting up another faculty council-in-exile to include pre- and post-1975 faculty members at the University of Saigon, but the BMQA did not respond to the proposal.

In the meantime, the BMQA suggested to Dao that she go back to medical school for two years. "I was a resident who supervised students at the University of California at Irvine," she said. "Now, they want me to be supervised by my former students." She told Refugee Reports that even though she has completed post-graduate training, "it would not be easy to get into medical school either."

She said that 10 American professors from the Irvine Medical Center wrote to the BMQA attesting to her qualifications and stressing the need for bilingual/bicultural physicians in Orange County.

Dao is one of 30 Vietnamese doctors in California who graduated from the University of Saigon after 1975. Vietnam is still unwilling to release transcripts or diplomas on their behalf. In the meantime, Dao and her colleagues wait and hope for a change in BMQA policy, and work in jobs that frequently underutilize their skills and training.

The wait, however, might not be too much longer. On January 1, a bill in the California legislature came into effect that creates a new faculty-in-exile for those who graduated from the University of Saigon after 1975. The faculty-in-exile will include five former faculty members, all of whom were there in the period after 1975,

as well as member of the BMQA division of licensing. Although the decisions of the faculty-in-exile will not be binding on the BMQA, the law requires the BMQA to hold public hearings with presentation of "substantial evidence" if it is not willing to accept the faculty-in-exile's recommendations.

Difficulties Take Emotional Toll on Refugee Physicians Refugees typically experience trauma and uncertainty, but the refugee physician often faces staggering losses of status and frequently finds more barriers to resuming his former profession than others.

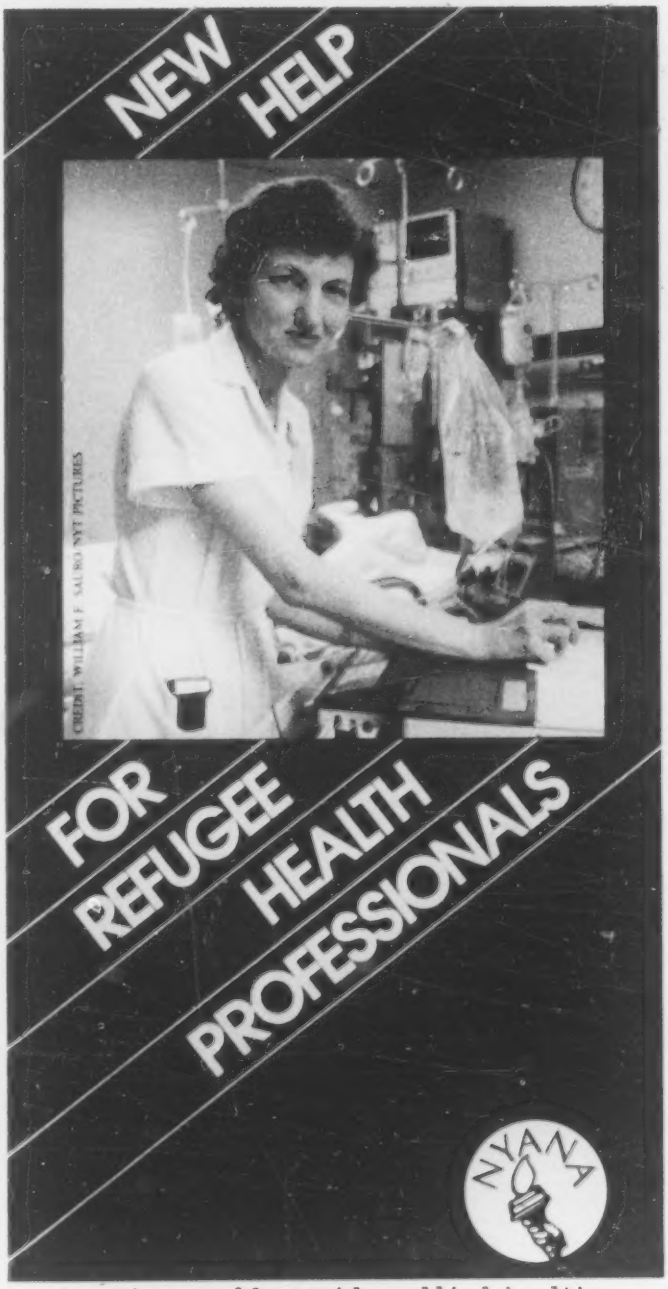
At a recent conference sponsored by the New York Association of New Americans (NYANA) and the U.S. Public Health Service, "The Refugee Physician: In Search of Solutions," this problem was raised again and again. One speaker, Tran Minh Tung, M.D., a Vietnamese refugee, said, "When we fled, we knew there would be a price to pay, but we often overlooked other problems within ourselves that slow our progress and impede our efforts without our even being aware of it."

Tung said that oftentimes the memory of what once was paralyzes the refugee physician. "It's as if the mind goes blank. We can't focus on the present. We see ourselves as sluggish and ineffectual. This makes us feel even more anxious, that we are losing our minds, getting old, that we will never reach our goal."

Roger Lum, Ph.D., executive director of Asian Community Health Services in Oakland, California, spoke of a study his organization conducted on 76 refugee physicians, three-quarters of whom were Southeast Asians. Half of the respondents were unemployed at the time of the study. Eight percent of those employed were working as unskilled laborers.

"We found one-third of them to exhibit clinical evidence of depression," said Lum. "The indignities of unemployment and underemployment, the role reversals with their spouses and children, and repeated failure of qualifying exams" all contribute to the poor mental health of many refugee physicians, according to Lum.

Lum's study did, however, indicate that the problem is not insoluble. More than half of the respondents in his study said that they would consider allied health careers, and another third said they would consider jobs outside the health field.



Program Retrains Refugee Doctors in Related Health Fields Recognizing that it is likely to become increasingly difficult for refugee physicians to overcome the many obstacles to resuming their medical practices in the United States, NYANA has started an Allied Health Training Program

to redirect refugee physicians into new health careers. Retraining is currently being offered in respiratory therapy, occupational and physical therapy, ultra-sound and medical lab technology, and medical records administration. The programs vary in length from six months to two years.

Linda Grenis, program coordinator, said that getting doctors to accept the program in itself is a long process. "Most still want to practice medicine in the U.S., but have failed exams or not been able to get residency placements." But, she said, the circumstances they are in sometimes forces them to explore more realistic goals. "In many cases, they are desperate, on welfare, and have not been able to do anything."

NYANA does extensive counseling, aware of the loss of status and humiliation many refugee physicians feel. "We encourage doctors to look at the alternatives, to compromise in certain areas," said Grenis. For example, NYANA counsels its clients not to refer to themselves as "doctor".

Grenis is optimistic about the opportunities for refugee physicians willing to retrain in allied health professions. "As medical care becomes more specialized," she said, "allied occupations are becoming a more important component of health care."

Her optimism is shared by Tensaye Aynalem, M.D., a refugee from Ethiopia enrolled in the program and studying to be a physician's assistant. Aynalem works as a waitress to make ends meet while she's studying. "It is better to take this opportunity" rather than wait for a residency, she said. "Otherwise you would get too frustrated."

Aynalem tells other refugee physicians, "You will forget medicine easily if you don't practice it." While her dream of resuming the practice of medicine as a physician may not be realized, Aynalem looks forward to continuing to heal the sick as a physician's assistant.

Update

° On December 10, Monsignor Nicholas DiMarzio, director of Migration and Refugee Services (MRS) of the U.S. Catholic Conference, met with the Cuban Interests Section in Washington, D.C. to request permission to emigrate for 975 political and ex-political prisoners in Cuba.

Except for 28 long-term prisoners--plantados--the names on the list have not previously been presented to the Cuban government, according to MRS. The list includes many women prisoners, as well as some younger political prisoners.

In a letter to the U.S. State Department, DiMarzio said, "Although many of these individuals have served less than ten years in prison [the current cut-off point for U.S. refugee processing], I am hopeful that the United States will allow them to emigrate." He added, "In light of the recently resumed immigration agreement, I trust that the people on this list will be more easily available for processing to the United States."

° The FBI began reviewing the detention status of 2,100 Cubans at six federal detention centers on January 4 to determine each inmate's level of involvement in the rioting and hostage takeovers at the federal detention center in Oakdale, Louisiana and at the Atlanta Federal Penitentiary. The rioting followed the announcement of a resumption of an immigration agreement with Cuba that would involve returning 2,546 excludable aliens to Cuba.

In a related development, the Justice Department published in the December 28 Federal Register details of its Repatriation Review Program for Cubans who arrived in the 1980 Mariel boatlift. The reviews will determine which of the 7,600 excludable Cuban aliens in detention should be paroled or repatriated to Cuba.

The review process came about as a way of bringing the hostage takeovers to an end, when Attorney General Edwin Meese III declared a moratorium on deportations and promised "full, fair, and equitable review within the laws of the United States."

The Federal Register notice details the composition of the review panels and the process for review. It states, "The enforcement branch of the Immigration and Naturalization Service will select cases from among those on the repatriation list based principally on criminal activity. The focus at the outset will be on those cases where the alien is ineligible for relief or where the alien is volunteering to return to Cuba."

U.S. REFUGEE AND ASYLUM PROGRAMS AND POLICIES; A 1987 CHRONOLOGY

The following is a chronology of U.S. program, policy, and legislative decisions affecting refugees and asylum seekers during 1987.

January 5: The Department of State and the Department of Health and Human Services submit proposed refugee program budgets for FY 88 based on an estimated admissions of 55,000 refugees. State Department asks for $314 million, down from $347 million in FY 87. The Office of Refugee Resettlement in DHHS proposes an FY 88 budget of $253 million, a reduction of $87 million from the previous year.

March 9: The Supreme Court rules, 6 to 3, that the correct standard for asylum eligibility in the United States is a "well-founded fear of persecution." In Immigration and Naturalization Service v. Cardoza-Fonseca, the court holds that INS was wrong in applying the more restrictive "clear probability of persecution" standard in asylum cases, when it should be limited to cases involving the withholding of deportation.

March 10: INS begins accepting applications from Cuban and Haitian "entrants" wishing to adjust their status to lawful permanent resident. INS estimates that between 40,000 and 50,000 people, nearly all of them Haitian, may be eligible to adjust.

April 7: Attorney General Edwin Meese announces that a new Asylum Policy and Review Unit has been set up within the Justice Department. The office is to have several functions, including analysis of human rights conditions in various countries, review of certain INS and Board of Immigration Appeals (BIA) asylum decisions, and training of INS personnel.

May 1: INS publishes its final rules for implementing the legalization program as mandated by the Immigration Reform and Control Act of 1986, passed the previous November.

May 5: The one-year legalization program begins, with applications anticipated from 2 to 3.9 million undocumented aliens. INS officials say that they expect to approve about 85 percent of the applications they accept as complete and "non-frivolous." In order to qualify for temporary resident status, applicants must present evidence that they have been living continuously in the United States in an unlawful status since January 1, 1982.

May 14: ORR announces that it will allocate about $58 million to states for providing social services to refugees and Cuban/Haitian entrants in FY 87.

May 15: The Reagan administration rejects a direct appeal from El Salvador's President Jose Napoleon Duarte not to deport Salvadorans in the United States back to El Salvador.

June 8: The Public Health Service publishes a final rule identifying AIDS (acquired immune deficiency syndrome) as a "dangerous contagious disease." As such, refugees, immigrants, and applicants for permanent status become inadmissible to the United States if they are diagnosed as having AIDS.

June 12: The BIA, which has jurisdiction to hear appeals on asylum and deportation cases from immigration judges and INS district directors, reformulates its test for "well-founded fear of persecution," in light of the Cardoza-Fonseca decision. According to the BIA, "an applicant for asylum has established a well-founded fear if he shows that a reasonable person in his circumstances would fear persecution...even where its likelihood is significantly less than clearly probable."

June 30: The Reagan administration announces transfers in FY 87 regional refugee admissions numbers at midyear consultations with Congress. The Africa ceiling drops from 3,500 to 2,000 and Latin America from 4,000 to 1,000. The ceiling for Eastern Europe and the Soviet Union increases from 10,000 to 12,300, and the Near East/South Asia ceiling from 8,000 to 10,200. The worldwide ceiling remains at 70,000.

July 8: Attorney General Edwin Meese

announces that Nicaraguans in the United States with a well-founded fear of persecution would not be deported, and encourages Nicaraguans whose asylum claims have been denied to reapply.

July 13: Rep. Romano L. Mazzoli (D-Ky.), chairman of the House subcommittee on refugees, immigration, and international law, introduces a "temporary safe haven" bill that would specify grounds for granting extended voluntary departure (EVD) status. According to the bill, H.R. 2922, aliens could be authorized to remain temporarily if they meet any of three criteria: 1) physical danger due to armed conflict; 2) environmental disaster; or 3) U.S. national interest, taking into account international, humanitarian, and immigration concerns.

July 28: By a vote of 237 to 181, the House of Representatives passes the Moakley-DeConcini bill, which would suspend deportation of Salvadorans and Nicaraguans for two years following enactment, pending a study by the General Accounting Office on whether these groups would face persecution if returned home.

August 4: The U.S. Coast Guard stops a boat bound for Florida carrying 339 Haitians, the largest number ever intercepted on a single boat. The group is returned to Haiti as part of the Haitian Migrant Interdiction Operation, which, since 1981, has repatriated over 12,000 Haitians to their homeland.

August 28: The Department of Justice proposes new regulations that would remove immigration judges from decisions on asylum applications and, instead, place authority in the hands of INS "asylum officers," who would hold "nonadversarial hearings" for asylum seekers.

Justice Dept. officials announce in October that they are withdrawing the proposal, but will publish revised changes sometime later.

September 23: House Judiciary Committee holds annual consultations on U.S. refugee admissions for FY 88. The Reagan administration proposes an FY 88 worldwide refugee ceiling of 72,500, which would include an unallocated and unfunded reserve of 4,000.

October 15: The INS publishes proposed new policies on the detention of undocumented minors. The proposal defines "juveniles" as aliens under the age of 18 and creates a new position of "Juvenile Coordinator" in the INS central office responsible for placing children "for whom detention is determined to be necessary" in appropriate juvenile facilities. It is estimated that about 10,000 children are held in INS detention in the course of a year, with between 150 and 200 held on any given day.

November 20: The State Department announces the revival of a 1984 migration agreement with Cuba, under which Cuba agreed to take back 2,764 "excludable" Cubans, some of them convicted criminals and mental patients, who had come to the United States in the 1980 Mariel boatlift. In return, the United States agreed to admit up to 3,000 Cuban political prisoners and 20,000 regular immigrants each year.

November 21-22: Reacting to the news of the revived migration agreement and the renewed possibility of deportation, over 1,000 Cuban detainees at a federal detention center in Oakdale, Louisiana take control of the institution, setting fires and seizing 28 hostages.

November 23: At a federal prison in Atlanta, 1,300 Cuban detainees riot, taking 94 hostages. One detainee is killed, and fires erupt in three prison buildings. Attorney General Edwin Meese offers the Atlanta and Oakdale groups a moratorium on deportations and promises a "full, fair, and equitable" review of cases.

November 29: Cuban detainees in Oakdale release their hostages and surrender to authorities. Atlanta detainees follow suit five days later.

December 12: The administration outlines its review plan for 7,600 Cuban detainees in the United States.

December 22: President Reagan signs into law the Continuing Resolution for FY 1988, and the State Department authorization bill. (see Recent Developments)

The notice says that aliens may seek the assistance of counsel, but not at government expense. It also states that "The decision to repatriate is final and subject to no further review." Critics of the government's review process charge that the role of counsel is vague and at the discretion of panel itself.

° Extended Voluntary Departure (EVD), a temporary stay of deportation granted at the discretion of the Attorney General, has been further extended until December 31, 1988 for Polish nationals in the United States as of July 21, 1984. In March, members of this group will also be eligible to adjust their status to become temporary residents (see Recent Developments).

° The State Department has increased the first quarter FY 88 allocation for processing of Soviet refugees from 2,800 to 3,600 and of Visa 93 admissions from the Soviet Union from 620 to 650, for an increase of 800 and 30 places respectively.

A total of 8,155 exit permits were granted to Soviet Jews in 1987, a dramatic increase over the 914 exit permits issued in 1986.

° In a Christmas gesture, 24 children under detention by the Immigration and Naturalization Service (INS) were released by Harold Ezell, the INS Western regional commissioner. The release of the children at a December 23 press conference, complete with an INS officer dressed as Santa Claus, was noteworthy because they were released to the custody of Los Angeles Archbishop Roger M. Mahony--the first time that a group of minors has been released to someone other than their parents in the INS Western Region (see Refugee Reports, Vol. VIII, No. 11).

The children, most of whom are Central Americans, were released without posting the usual $2,000 bond. After the press conference with the INS, the children were led to the Our Lady Queen of Angels Church, where they were reunited with relatives or taken in by voluntary host families, according to the Los Angeles Times. The Times quoted Ezell as saying that the arrangement with the church is not envisioned as a one-time event, but rather as the beginning of an "ongoing program."

° In what a variety of sources have called an unusual agreement, Sen. Alan K. Simpson (R-Wyo.) has agreed not to block efforts to bring the Moakley/DeConcini bill to the Senate floor for consideration early in the second session of the 100th Congress. In return, Sen. Dennis DeConcini (D-Ariz.) dropped his attempt in late December to attach his bill as an amendment to the Continuing Resolution for FY 88. The legislation, which passed the House of Representatives on July 28, would provide a two-year halt on the deportation of Salvadorans and Nicaraguans in the United States, pending a report from the General Accounting Office on human rights conditions in their homelands.

° About 4,000 unregistered Hmong living in or around Ban Vinai camp in northeastern Thailand have been relocated to another hilltribe camp, Chiang Kham, where they will be screened for refugee status, according to a December 29 report in The Nation, an English-language newspaper published in Bangkok. The governor of Loei province, where Ban Vinai is located, was quoted as saying that an additional 5,000 Hmong would be moved in the first 10 days of January.

On December 2, the Thai National Security Council agreed to allow access to the screening program for all Hmong who entered Thailand illegally, including "about 8,000 to 10,000 illegals in and around Ban Vinai, the Nam Pun group, about 154 detained at Pak Chom police station, and about 37 at Nongkhai who had been ordered deported by the provincial court," according to a statement from the Thai Embassy in Washington, D.C.

Recent Developments

CONGRESS PASSES A VARIETY OF REFUGEE-RELATED LEGISLATION

On December 22, President Reagan signed into law two separate bills, one of which funds U.S. refugee programs in FY 88 at budget levels almost identical to FY 87, despite an overall reduction in the federal deficit of $33.2 billion. The bills contain a series of amendments that, variously, adjust the status of about 10,000 Poles, Afghans,

Ethiopians, and Ugandans in the United States; call for continued Indochinese refugee protection and resettlement; expedite admissions of Vietnamese Amerasians; amend exclusionary criteria for foreigners seeking U.S. visas; and provide for the processing of certain Cuban political prisoners as refugees.

After passing four consecutive short-term government funding bills since October 1, the beginning of FY 88, Congress finally passed a $598 billion appropriations bill on December 21. Known as the Continuing Resolution for FY 1988 (H.J. Res. 395), the bill includes eight separate appropriations bills that allocate FY 88 budgets for the federal government. Included in the measure is $346,450,000 for the Department of State to fund overseas refugee migration and assistance, and $346,933,000 for the Office of Refugee Resettlement (ORR), in the Department of Health and Human Services, to cover domestic resettlement costs. Both amounts were considerably more than the administration originally had requested.

In submitting its proposed FY 88 refugee assistance budget of $314,450,000 in January 1987, the Department of State estimated that the United States would resettle only 55,000 refugees in the coming fiscal year, down from 64,831 in FY 87. During the next nine months, an anticipated increase in migration from the Soviet Union and a resumption of the Orderly Departure Program from Vietnam were just two of the factors that contributed to a revision of FY 88 refugee admissions needs.

By September, the administration proposed, and Congress agreed to, an FY 88 admissions ceiling of 72,500, which included an unfunded, unallocated reserve of 4,000. In response to this higher ceiling, the Senate Appropriations Committee wrote in a $32 million increase over the administration's January budget request, but earmarked much of the State Department budget for refugee and migration assistance. Included in the earmarks are $114,547,500 for admissions, $25 million for refugee resettlement programs in Israel, $8 million for the construction of religious schools in France for North African Jews, $1.5 million for education programs at refugee camps in Thailand, and $5 million for the admission of Vietnamese Amerasians and their family members.

Congress Funds Targeted Assistance Programs Over ORR Objections Since 1986, ORR has proposed each year to eliminate targeted assistance programs from its budget, only to have the money reinstated by Congress. This year, Congress appropriated $34,466,000 for targeted assistance, including more than $10 million for schools and a hospital in Dade County, Florida. The targeted assistance program was first authorized in 1982 to provide supplemental federal funding to local areas with large refugee populations and high rates of public assistance.

In FY 86, ORR distributed about $48 million to 41 county areas in 21 states, with $20 million going to Florida and another $15 million to localities in California. Congress appropriated no new money for targeted assistance in FY 87, primarily since carryover funding from previous years allowed programs to continue through March 1988.

Congress also appropriated $7,659,000 in FY 88 for the voluntary agency matching grant program, up from $5.8 million in FY 87. The additional funding was provided primarily in response to an anticipated increase in refugee admissions from the Soviet Union, according to an ORR official.

Since FY 79, the federal government has provided voluntary resettlement agencies with matching funds on a dollar-for-dollar basis up to $1,000 per refugee to provide case management, job development, and job placement services. These matching funds, which supplement the $560 per capita grant to resettlement agencies for reception and placement services, have been used primarily to assist refugees from the Soviet Union, Eastern Europe, Ethiopia, and Iran. The four agencies participating in the matching grants program are the Council of Jewish Federations, the International Rescue Committee, Lutheran Immigration and Refugee Service, and the U.S. Catholic Conference Migration and Refugee Services. In FY 86, the matching fund ceiling was reduced from $1,000 to $957, following implementation of deficit-reduction legislation.

In a December 30 letter to state refugee coordinators, ORR Director Bill Gee said that, effective February 1 and for the duration of FY 88, federal reimbursement to states for refugee cash and medical assistance costs would only be provided for a

refugee's first 24 months in the United States, rather than 31 months. Despite the overall ORR budget increase, the line-item for cash and medical assistance dropped from $225,316,000 in FY 87 to $207,043,000 in FY 88.

Resident Status Made Available to Groups with EVD Up to 10,000 Poles, Afghans, Ethiopians, and Ugandans currently in the United States with extended voluntary departure (EVD) status will be able to apply for temporary resident status beginning in March, under a compromise version of a bill originally introduced by Rep. William O. Lipinski (D-Ill.) and Sen. Paul Simon (D-Ill.). The original bill would have provided permanent resident status to all Polish nationals who have lived continuously in the United States under EVD status since July 21, 1984, the day martial law was lifted in Poland. EVD is a temporary nondeportation status granted at the discretion of the Attorney General.

The amended version applies to all nationalities granted EVD in the last five years who can demonstrate that they have lived continuously in the United States since July 21, 1984. It is estimated that about 7,000 Poles and 2,000 Afghans fall into this category, along with fewer than 1,000 each of Ethiopians and Ugandans. The change was recommended by members of the House Judiciary Committee to keep the measure from being specific to one ethnic group, according to a staff aide to Sen. Barbara Mikulski (D-Md.), who offered the legislation as an amendment to the State Department authorization bill in October.

In another compromise suggested by the House Judiciary Committee, EVD cases must first adjust to temporary resident status, basically following the regulations established for the Immigration Reform and Control Act of 1986, before they can apply for permanent residency.

The EVD amendment, along with those relating to Indochinese and Cubans, were attached to both the Continuing Resolution and to a State Department authorization bill, H.R. 1777.

Hatfield's Indochinese Bill Undergoes Changes The Indochinese Refugee Resettlement and Protection Act of 1987, first introduced in March 1987 by Sen. Mark O. Hatfield (R-Ore.) and cosponsored in the House of Representatives by Rep. Chester Atkins (D-Mass.), expresses the sense of Congress that "the United States should continue its commitment to an ongoing, generous admission and protection program for Indochinese refugees."

The version of the bill included in the Continuing Resolution also expresses the sense of the Senate only that, for each of the next three fiscal years, the United States should admit at least 28,000 Indochinese refugees from first-asylum camps and an additional 8,500 Vietnamese via the Orderly Departure Program. In a conference committee to reconcile the House and Senate versions of the State Department authorization bill, House conferees would not agree to endorse specific admissions numbers for future fiscal years.

The Indochinese amendment, Section 802 of the Continuing Resolution, also requires the President to submit a report to Congress within 180 days of the bill's enactment "on the respective roles of the Immigration and Naturalization Service and the Department of State in the refugee program with recommendations for improving the effectiveness and efficiency of the program." In a report accompanying the State-Justice-Commerce appropriations bill, which was folded into the Continuing Resolution, the Senate Judiciary Committee wrote that "In recent years...INS has come under increasing attack for allegedly arbitrary processing of refugees--particularly Indochinese refugees."

Processing of Cuban Political Prisoners and Immigrants Section 702 of the FY 88 Continuing Resolution requires Department of State consular officers and INS officers to process as a refugee "any Cuban national who was imprisoned for political reasons by the government of Cuba on or after January 1, 1959, without regard to the duration of such imprisonment." Prior to reinstatement of migration agreements with Cuba on November 20, 1987, the State Department had been limiting processing of Cuban political prisoners to those who had been incarcerated at least 10 years.

Vietnamese Amerasians Can Be Admitted with Immigrant Visas, Refugee Benefits Amerasians who were born in Vietnam after January 1, 1962 and before January 1, 1976,

and who can establish that their fathers were American citizens, are eligible for the next two years to enter the United States with immigrant visas and refugee benefits, following passage of the Amerasian Homecoming Act. Originally introduced by Rep. Robert Mrazek (D-N.Y.), the bill was included as an amendment to the Continuing Resolution.

A State Department official declined to comment on the legislation, but suggested that the Mrazek bill was unnecessary since, the official told Refugee Reports, "the Amerasian program is working" within the context of the Orderly Departure Program. As of November 1987, 3,880 Amerasians and 5,605 accompanying family members have entered the United States through ODP. Another 65 Amerasians arrived on December 31 and, with over 1,500 new applicants interviewed since last September, the official said that a planeload of Amerasians should be leaving Vietnam every month this year.

State Department Authorization Bill Temporarily Amends McCarran-Walter Act Under Section 901 of the Foreign Relations Authorization Act for FY 88 and FY 89, the U.S. government is temporarily prohibited from deporting, excluding, or denying visas to aliens based solely on "beliefs, statements, or associations which, if engaged in by a U.S. citizen in the United States, would be protected under the Constitution." The bill, a modified version of legislation first introduced by Sen. Daniel Patrick Moynihan (D-N.Y.) and Rep. Barney Frank (D-Mass.), temporarily repeals those sections of the McCarran-Walter Act of 1952, which have permitted the government to bar the admission of foreigners on various grounds, including political beliefs, polygamy, "sexual deviation," and insanity.

In a conference report accompanying the authorization bill, congressional conferees noted that "During the past 35 years, a large number of well-known foreign politicians, authors, academicians, journalists, and artists, as well as thousands of ordinary citizens from foreign countries have been barred from entering this country, [or] forced to undergo the indignity of answering embarrassing questions about their political or personal activities."

Visas submitted between January 1, 1988 and February 28, 1989 will be covered by the new law, which only removes ideology as grounds for exclusion or deportation under the McCarran-Walter Act. The conference report promised that more "comprehensive legislation revising these grounds [for exclusion and deportation] will be acted upon...early in the second session of the 100th Congress," which began January 25.

Senate Committee Calls for More Accountability in Refugee Programs In two separate reports, the Senate Appropriations Committee directed the administration to improve its reporting on refugee admissions programs as well as overseas relief and assistance. In a report to accompany the State-Justice-Commerce appropriations bill, later attached to the Continuing Resolution, the Senate committee requested that the INS submit "quarterly reports on refugee approvals and rejections worldwide, broken down by country of origin and by refugee category (P1-P6), so that the Committee can best monitor whether dollars appropriated to implement the requirements of the Refugee Act of 1980 are being efficiently expended." INS was also directed to submit reports on the number of refugees it expected to process in each quarter of FY 88, broken down by region and by ethnic group.

In another report accompanying the foreign assistance appropriations bill, the Senate Appropriations Committee called for reports from the Department of State on refugee protection in Thailand and French Guiana. By January 31, the State Department must submit a report on the status of new night patrol programs in Cambodian refugee camps along the Thai-Cambodian border, particularly Site 2. The State Department also was asked to submit a report on the status of Surinamese refugees in French Guiana. The committee expressed concern about "the lack of a UNHCR [UN High Commissioner for Refugees] presence to provide necessary protection to these refugees."

Projects and Programs

This month's program selections highlight projects to help refugee physicians adjust to changed circumstances in the United States. For more information about the Allied Health Training Program of the New

York Association for New Americans (NYANA) that is discussed in the lead story, contact Linda Grenis, Allied Health Coordinator, NYANA, 225 Park Avenue South, New York, NY 10003. (212) 674-7400.

PROGRAM LOCATES RESEARCH OPPORTUNITIES FOR FOREIGN-EDUCATED DOCTORS

Finding qualifying examinations, residency program placements, and licensing requirements to be near insurmountable obstacles to practicing medicine in the United States, many refugee physicians are seeking alternatives.

To help those with an interest in medical research, the National Medical Researcher Matching Program, Inc. (NMRMP) serves as a bridge between the refugee physician and research institutions seeking post-doctoral research candidates.

For a $220 application fee, NMRMP supplies the applicant with a computer-generated list of ten position openings per month for a four-month period. The positions are selected on the basis of the applicant's subject choices and geographical preferences. NMRMP is a for-profit information service; the program cannot guarantee employment, and it advises applicants that research experience may not be used to satisfy post-graduate training requirements for licensure.

However, medical research can serve either as an alternative career, or as a way of keeping involved in the field of medicine until clinical opportunities arise.

Jean K. Swanke, NMRMP's executive secretary, said, "Due to the limited number of clinical positions available in the United States, many of the foreign medical graduates who are eligible for our program have not been accepted by a clinic, and their hopes of practicing medicine or gaining additional experience have been forestalled indefinitely, or abandoned." Swanke said, "We feel certain that our program offers new hope to those eligible individuals who are currently frustrated in their efforts to apply their medical training."

For more information about NMRMP, write to 1109 Maine St., Suite C, Boise, Idaho 83702, or call (208) 336-7387.

AGENCY EVALUATES REFUGEE ACADEMIC CREDENTIALS

Many potential employers, schools, and professional licensing boards have difficulty in assessing the educational qualifications of refugees.

As a result of their traumatic experiences and their flight, many refugees have incomplete records. For many, their home countries are unwilling to cooperate by sending documents attesting to educational achievement (see lead story).

Educational Credential Evaluators is a nonprofit agency that assists refugees by evaluating available credentials and interpreting them for U.S. employers, schools, and licensing boards.

Evaluating incomplete records is often challenging. James Frey, executive director, said that even limited documentation, such as an ID card or letter, can be used to trace academic achievement. "For example," he said, "a letter of appointment as a teacher can be used to reconstruct the teacher training program which was required for entry to the teaching position. An identification card showing official status as a third-year university student can be used to reconstruct educational credentials for secondary school and the first two years of university work."

Frey said, "Our evaluation reports identify the U.S. equivalents of foreign educational credentials." A general report of this type, identifying credentials and their U.S. equivalents, is available to the refugee for a $55 fee, and is usually sufficient for those seeking employment or admission to academic programs.

A more detailed report, available for an $85 fee, is recommended for those seeking licensure in health-related fields.

For further information, contact Educational Credential Evaluators, Inc., P.O. Box 17499, Milwaukee, WI 53217. (414) 964-0477.

Meetings and Conferences

The International Counseling Center, a private, nonprofit organization, and George Washington University (GWU) are co-sponsoring a conference on "Crossing Cultures in

Mental Health: Special Populations/Special Issues" on May 24-25, 1988 at GWU in Washington, D.C.

The conference will include lectures, workshops, and exhibits addressing effective programs and treatment techniques currently in use across the nation. Topics addressed in the context of ethnic and racial minorities will include: families in transition, AIDS, Post Traumatic Stress Disorder, and provision and utilization of service.

For further information, contact the International Counseling Center, 2121 Wisconsin Avenue, NW, Suite 220, Washington, DC 20007. (202) 333-5452.

Reader Exchange

Copies of Vietnamese Americans: Patterns of Resettlement and Socioeconomic Adaptation in the United States, by Darrel Montero, are available free-of-charge because of a foundation grant. For a copy, write Darrel Montero, Associate Professor, School of Social Work, Arizona State University, Tempe, AZ 85281.

Resources

A JOURNALIST AMONG THE AFGHANS

A journalist for the New York Times, Arthur Bonner, spent most of 1985 and 1986 and part of 1987 in Afghanistan and Pakistan writing about the war and its effects on the Afghan people.

Among the Afghans covers the war both within Afghanistan itself and among the refugees of Pakistan. Bonner observes that sanitary conditions are poor in many of Pakistan's 350 refugee camps, most of which have been set up on barren wasteland. As a consequence, many refugees fall prey to disease.

Bonner pays particular attention to the the problems of refugee women in Pakistan. The overwhelming majority, he finds, suffer from depression and other mental illnesses. It is especially difficult for Afghan women brought up under the purdah system to adjust to conditions in refugee camps. Under that cultural system, women are not allowed to be seen by males who are not family members. "In Afghanistan," Bonner writes, "even the poorest family will have several rooms in a walled compound, so that a woman can wander around and sit in the sun.... There is a secluded place by a stream to wash clothes and enjoy the company of other women. Above all, there are men to protect and comfort her and to buy food from the bazaar or deal with tradesmen."

In the camps, however, most women are confined to a stifling hut, where they sit alone. Husbands or fathers may be off fighting in Afghanistan, or dead.

Women's health care is frequently neglected because women are not supposed to be examined by male health workers. Bonner quotes one of the few western female nurses volunteering to work in the camps as saying, "It's of epidemic proportions, what's going on with women. It's like the women are a forgotten culture."

The 366-page clothbound book is available for $27.95 from Duke University Press, 6697 College Station, Durham, NC 27708.

BRITISH REFUGEE COUNCIL LOOKS AT AFGHAN REFUGEES

The British Refugee Council has recently published a 27-page booklet giving an overview of the destruction of a way of life in Afghanistan and of the situation for refugees and displaced persons since the military coup of 1978 and Soviet occupation.

The war, the report charges, is leading to the disintegration of Afghan society. "Exile from the home area, separation from the land, and the break-up of families and communities as a result of the war are destroying these traditional bases of Afghan identity."

Among the recommendations in the report, the authors call for the UN High Commissioner for Refugees to investigate the nonregistration of new arrivals in Pakistan. The report also recommends that assistance for Afghan refugees should address not only their immediate needs but also be directed toward development programs that would help them to preserve and develop their society and culture.

For further information, contact the British Refugee Council, Bondway House 3/9, Bondway, London SW8 1SJ, U.K.

FY 87 REFUGEE ARRIVALS BY STATE

STATE	YTD FY 87	STATE	YTD FY87
ALABAMA	150	NEW JERSEY	1,097
ALASKA	15	NEW MEXICO	176
ARIZONA	798	NEW YORK	5,461
ARKANSAS	198	NORTH CAROLINA	626
CALIFORNIA	25,493	NORTH DAKOTA	34
COLORADO	797	OHIO	776
CONNECTICUT	770	OKLAHOMA	289
DELAWARE	21	OREGON	783
DIST. OF COLUMBIA	383	PENNSYLVANIA	1,513
FLORIDA	1,311	RHODE ISLAND	380
GEORGIA	1,025	SOUTH CAROLINA	70
HAWAII	416	SOUTH DAKOTA	98
IDAHO	88	TENNESSEE	565
ILLINOIS	2,237	TEXAS	3,522
INDIANA	133	UTAH	568
IOWA	435	VERMONT	74
KANSAS	506	VIRGINIA	1,490
KENTUCKY	249	WASHINGTON	2,228
LOUISIANA	440	WEST VIRGINIA	7
MAINE	141	WISCONSIN	1,435
MARYLAND	942	WYOMING	4
MASSACHUSETTS	1,862	AMERICAN SAMOA	0
MICHIGAN	1,204	GUAM	0
MINNESOTA	2,206	JOHNSON ATOLL	0
MISSISSIPPI	90	NO. MARIANNA ISLANDS	0
MISSOURI	682	MIDWAY ISLANDS	2
MONTANA	72	PUERTO RICO	0
NEBRASKA	234	TRUST TERRITORIES	0
NEVADA	289	VIRGIN ISLANDS	0
NEW HAMPSHIRE	59	WAKE ISLANDS	0
		UNKNOWN	27
		TOTAL YTD FY 87	64,471

Source: Office of Refugee Resettlement.
Note: For cumulative arrivals by state and country of citizenship since FY 83, see Refugee Reports, Vol. 8, No. 12.

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